Infusing NGN into the Classroom:
# First Steps

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Maryland Nursing Workforce Center - NGN Summit

September 9, 2021

OBJECTIVES:

After attending this session, nursing faculty will:

1. **Prepare the classroom:**

   a. Apply strategies to create a more inviting learning environment

2. **Prepare ourselves:**

   a. Describe several ways to utilize a CJ process in the classroom

3. **Prepare our teaching materials and approaches:**

   a. Include clinical context in all content
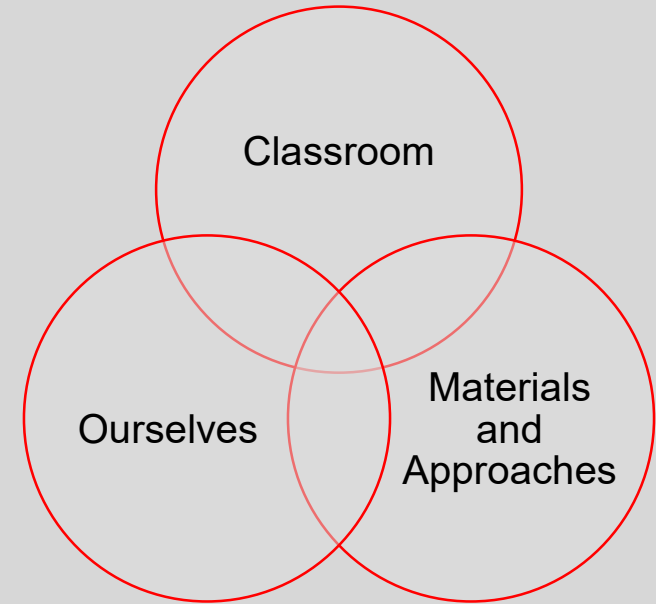
PREPARE THE CLASSROOM: CREATING A *SAFE* LEARNING ENVIRONMENT

- **Why do we learn?**
  - Fill a gap
  - Need to know
  - **Curiosity**

- **How does anxiety block learning?**
  - Students with a high curiosity index asked more questions of those faculty who were less intimidating (threatening vs non-threatening)

FACULTY STRATEGIES

- **Build trust** – talk about your past, your journey, why your topic excites you

- **Reduce anxiety**

- **Use 'discussion-based pedagogies'**
  - Storytelling
  - Ask open-ended questions
  - Ask "Why?" more … or "So what?"
    - Have students jot down one item they are curious about – at the beginning of class

What is your story?

FACULTY STRATEGIES

- **Create a social classroom**

- **Promote a sense of belonging**

- **Model excitement about topic** – generate happiness and enthusiasm

- **Have fun!**

- **Demonstrate "pedagogical caring"**

FACULTY STRATEGIES

- **Integrate authenticity**
  - **Lecturing is NOT authentic**

- **Failure must be acceptable**

- **Be aware of cognitive load**

- **Why is this important??**
  - **Students will be pushed to take risks when making CJs for the first time**
  - **Students will not take risks if unsupported**

PREPARE THE CLASSROOM: INTEGRATING CLINICAL JUDGEMENT INTO CLASSROOM

Step 1: Program must choose CJ process

Step 2: Integrate across curriculum

Step 3: Include in all teaching/learning environments

In this session we will be thinking about the **classroom learning environment**.

ACTIVE VS PASSIVE LEARNING

- Step 1 – Create an inviting and welcoming classroom environment

- Step 2 – Consider adding more *active learning* pedagogies (future session)

  – Discussion

  – Student-led teaching

  – Brainstorming

  – Thinking in Action – (future session on using case studies in classroom)

    • Model curiosity

    • Expect failure and mistakes as a normal/expected (and welcome) part of learning

- How much "active learning" are you including now?

ASSESSMENT

Using the table below, analyze the learning activities currently in your course, and determine how to increase the types of activities where **_Learners interact more with other Learners_**:

Course-Level Objectives	Module/Unit-Level Objectives	List activities you are currently using	Learning Preference? Learner Interaction Type?	What improvements do you need to increase active learning in your course?
	1.			
	2.			
	3.			

Learner Interaction Types: <u>Learner to Learner</u>, Learner to Content, Learner to Instructor

Source: Quality Matters, Active Learning, 2020

# DESIGNING ACTIVE LEARNING ACTIVITIES

- Include *clinical context* in every learning activity

- Include slide "How will you use this information as a Registered Nurse?"

- No matter the topic you are teaching – include context of *"why this is important to a RN"*

INTEGRATING CJ INTO CLASSROOM

VENN DIAGRAM!
A B
both A & B

- **Model (by our teaching methods) how a nurse *organizes* information?**
  - Students complete Venn diagram
    - Include distinguishing characteristics for different (but similar) diagnoses
    - How are they alike? How are they different?

  - Compare and contrast activities or table – can complete in small groups
    - Prioritize when teaching: *which intervention(s) are most important?*
    - *Which NGN item type does this resemble?*
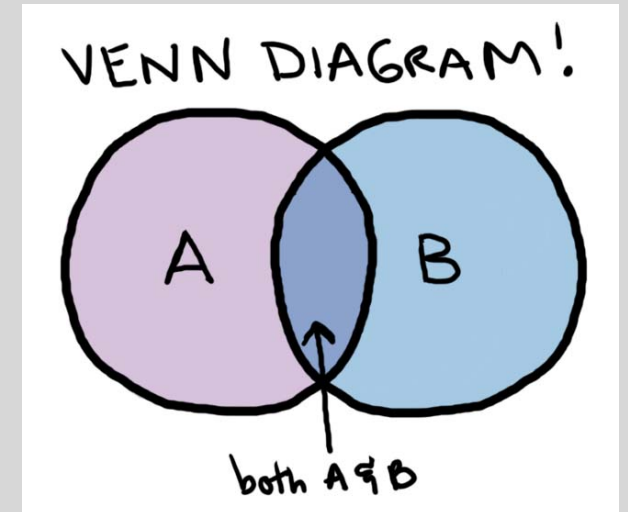
Nursing Interventions	Highest Priority/Essential	Medium Priority/Can Wait	Low Priority/Not Appropriate/Contraindicated
1.			
2.			

NGN STAND-ALONE ITEM TYPE

Bow-tie

TEACH TO REMEMBER ~ NOT TO MEMORIZE

Learning deeply - "doesn't just mean the ability to remember stuff for an examination. It means the ability to create. It means the ability to **analyze and synthesize, to solve problems**, and to understand what that problem-solving means." Ken Bain, PhD

- **How??**
  - Begin by teaching students to use a CJ model/process
    - Pick one of the CJ models/frameworks and infuse across program and all learning environments
  - Use strategies that promote the recall and use of previously learned information
    - Use reflection in class – at beginning or end
    - Have students make predictions
- Model *wondering* about a topic
- **NCSBN – graduates must be *self-regulated thinkers***
  - Direct their own inquiry
 - Determine what questions to ask to obtain the information needed

1. Nurses with good CJ skills can have a positive impact on patient outcomes

2. Nurses lacking CJ skills often fail to recognize clinical deterioration, which can result in compromised patient safety

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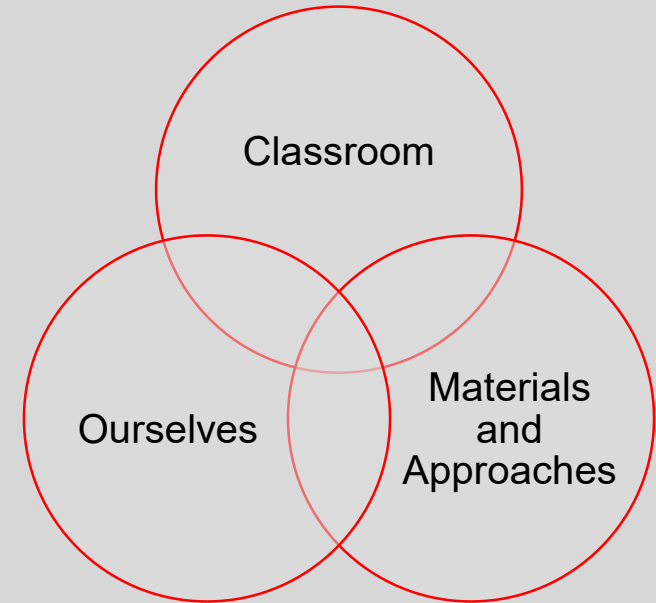
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